

A Treatise on Diseases of the Skin. For the use of advanced Students and Practitioners. By Henry Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Eighth edition, thoroughly revised. Octavo of 1309 pages, with 356 text-illustrations, and 33 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company. 1916. Cloth, \$6.50 net; Half Morocco, \$8.00 net.

This well known text and reference book, editions of which in the past few years have not been strictly up to date, has been greatly improved in its eighth edition. It is earnestly hoped that future revisions will see continued improvement in this direction. The book has long been most widely used in English speaking countries and is one of great value to medical students and practitioners. H. E. A.

Text-Book of Ophthalmology. By Hofrat Ernst Fuchs. Authorized translation from twelfth German edition; revised, with additions, etc., by Alexander Duane. 462 illustrations. Fifth edition. Philadelphia and London: J. B. Lippincott Company. 1917. Price, \$7.00.

Any reviewer will approach this book with a feeling of reverence. He expects to find the clearest description of disease, the most concise reasoning, the most illuminating insight, the most literary medical phraseology—and he is not disappointed. The book is a classic in ophthalmology, as Billroth was in surgery, Virchow in pathology and Foster in physiology. In its translation Duane has accomplished wonders. As nearly as any translation can, it gives the spirit of the original.

In this edition Duane has been more than translator. Nearly every page finds some comment in small type distinguished by the letter D consisting of some statement regarding new facts on the subject or some new theory concerning it. By these means, Duane has brought the book up to date. Not only that, but he has supplied some entirely new material which may be mentioned: the remarks on tuberculin and vaccine therapy, the visual field and color testing, the mapping of scotomata and the blind spot, squirrel plague and eel's blood conjunctivitis, Samoan conjunctivitis, peculiarities of conjunctivitis in the Near East, extragenital gonococcus infection, inclusion blennorrhoea, the etiology of trachoma, blastomycetic dermatitis, superficial linear keratitis, sclerosis of the chorioid, suppurative chorioiditis, Elliot's summary of glaucoma theories, retinitis stellata, retinitis exudativa, and angiomatosis retinae, the different forms of retinal degeneration, the varieties of accommodative troubles other than paralysis, and the newer operations.

The section on refraction is in many respects the clearest to be found in any text-book on the subject although it fills only a small part of the whole volume. As in the older editions the pathology is beautifully described and illustrated. The translator has made a somewhat different arrangement by placing the remarks in fine print, which were massed as an appendix at the end of chapters or major divisions, in direct juxtaposition to the portion of the text with which it is related. The changes had the approval of the author. It may be only that as the old edition was, and is, our "Bible of Ophthalmology," the present arrangement does not seem as satisfactory.

To any student of ophthalmology, in fact, to any medical man, the possession of this book is a literary, as well as a medical necessity. Other books are nice to have occasionally. Of this one, one should have three copies; one in the office, one in one's library, one at the bedside—the doctor's bedside, of course. H. B.

Fats and Fatty Degeneration. Martin H. Fischer and Marian O. Hooker. New York. John Wiley & Sons, 1917.

This treatise of Fischer's on "Fats and Fatty Degeneration," shows all the good features of his previous publications developed to a high degree and naturally also suffers from similar defects. The book makes very interesting reading and presents much that is old from a refreshingly novel point of view. The technical part of the presentation is well nigh perfect. The preliminary summary and the later more amplified development of the subject are masterfully done. The illustrations are well chosen and convincing and in this effort at "morphological" perfection Dr. Fischer has been ably seconded by his publishers. "Functionally" and essentially his contributions in this work are by no means negligible. It is hardly to be imagined that the author really believes that he gives an entirely new theory of emulsions, because he uses old theories freely and abandons his own when necessary, f. i. in the case of "stretched" emulsions. His biological references when dealing with the effect of ether, chloroform and alcohol on certain emulsions are interesting, but can hardly be looked upon as more than "suggestive." His conception of fatty degeneration as the breaking of an emulsion of fat in protoplasm is a very ingenious one. That the fat, however, in the first place, is present in the form of an emulsion remains to be proved, because the fact that at present we cannot explain it in any other way, is no proof of this contention. I have also slight misgiving in reference to the author's positive statement that subcutaneous fat represents a water in fat emulsion because there are certain patent physical differences between this form of fat and such substances as butter, and morphologically the inclusion of water cannot always be proved. Nor can I see that Fischer's exposition adds as much to our knowledge of the mechanism of fatty secretions as seems to be implied by the author. If artificial milks have not as yet been prepared according to his recipe he has discovered a veritable egg of Columbus.

The two chapters "On the Mimicry of Mucoïd Secretion" and "On the Mimicry of Some Anatomical Structures" are hardly germane to the main subject and merely serve as examples of Dr. Fischer's unfortunate inclination for generalizations on rather slender premises which also makes itself rather harshly felt in spots in his concluding paragraphs.

In order to avoid misunderstanding, however, I wish to add that especially for the well informed, the careful study of Dr. Fischer's book is very profitable and distinctly stimulating. W. O.

Society Reports

MEETING OF THE EYE AND EAR SECTION.

The regular meeting of the eye and ear section, Los Angeles County Medical Association, was held at the offices of Drs. Frank Miller and Frank Edwards, 1020 Merchants National Bank Building, Los Angeles, Cal., April 9, 1917.

Attendance: Drs. Bullard, Brown, Dudley, Detling, Fleming, Graham, Ide, Kress, Lund, T. J. McCoy, Geo. W. McCoy, F. W. Miller, F. A. Miller, Old, Stivers, Swetnam, McKellar.

Visitors: Drs. Ross Moore, R. B. Hill, Jesberg, and Edwards.

Adjourned Meeting of April 2.

Minutes of previous meeting read and approved. Dr. Old presented a case of foreign body in the left eye. Rivet piece located in vitreous, did not feel the injury except impact? Steel located by X-rays. Can piece be removed by magnet?

Dr. R. W. Miller: Think it can be removed by magnet unless buried in soft tunics.

Dr. Rogers: Had a similar case, steel size of pin

carried three weeks. Inflammation symptoms, steel removed by scleral puncture and magnet. Another specimen carried three weeks removed similarly; both eyes saved; both these cases cataractous lenses; one case died.

Dr. Rogers: Case man injured March 1st by piece of steel while doing work on a dredger. Steel penetrated cornea, tore lower one-half iris loose from attachment penetrated vitreous which escaped. Not suffering severely, cut iris loose, re-placed; irrigated eye, put patient to bed; stayed five days; used atropin freely; dressed second day; found eye ball firm; corneal wound united, now five weeks; first two weeks no inflammation but now lens substance oozing out upper edge of iris; today is quite a mass. Used trichloroacetic acid in ulcer; still some inflammation; X-ray pictures now show no foreign body. Question: Whether to open eye now and wash lens matter out. Man is 37; other eye is bad; far sight is poor.

Dr. Rogers: Second case.

Dr. Rogers: Third case. Seen with Dr. McKellar. End of clothes line struck her in the eye, became blind few days later. Examined eye but saw no evidence of pain; dilated pupil but pain was still severe. Pain grew worse. Dr. McKellar called in consultation we agreed it was deeper in the eye or else nervous manifestation of hysteria. Neurologist gave his opinion that it was hysteria. Tested with red and white lights. Recovered sight the next day as I had predicted.

Dr. Bullard: Had similar case cured by Princes method.

Program.

General Consideration of Meningitis. Dr. Ross Moore.

Management of Meningitis of Otitic Origin. Dr. C. E. Ide.

Bacteriology and Pathology of Meningitis. Dr. R. B. Hill.

Discussion.

Dr. Hastings: It is a perennial question. It does not seem we have progressed much in the past ten or fifteen years. I will limit my discussion to acute meningitis of otitic origin. Do not see as much meningitis now as formerly because cases now are not operated so early. When I first began my practice fifteen years ago it was the custom to operate early. In an experience of perhaps 100 cases, saw 20 per cent. in which there was no microscopic findings such as pus or abscess, found granulations so called. Point to be made is early mastoid operation does not prevent meningitis. There are many cases of acute otitis media developing meningitis and die.

Pneumonia not a local lung infection but part of a general septicaemia. Must remember that a mastoid case may have pneumonia and to operate on such a mastoid with the hope of eradicating the pus focus would seriously endanger the life of the patient, many cases now have pneumonia without any coarse lesions in lungs, must remember that in these cases little hope is to be found in operating the mastoid.

Dr. Brown: Dr. Stork in consultation said child had meningitis-spinal puncture, showed streptococci. On account of pain in front of ear again operated and carried incision in front of ear exposing dura. Both ears showed streptococci and both recovered.

Dr. Bullard: It is easy to give nitrous oxygen anesthesia in these cases. Patients come out easily without developing pneumonia so often seen in ether.

Dr. Kyle: Do not believe that opening mastoid disposes to meningitis. Meningitis develops before and not after mastoid operation. Think we make mistake by procrastinating too long in a well developed mastoiditis. We do not have many cases meningitis purulenta. I mean to have serious inflammation but they go on to recovery. Meningismus is a very rare condition. Skeptical about

operating on a case where spinal fluid shows streptococci. Never saw a case get well in which the spinal fluid contained streptococci.

Dr. Fleming: Can not add much to this discussion. Never had a case that recovered. My cases all developed very rapidly in three or four days and died in seven days. Would first do lumbar puncture and if streptococci are found would hesitate about operating the mastoid. Have never seen a case of meningitis developing from chronic otorrhoea. All have been acute cases.

Dr. Rogers: Surprised to hear Dr. Fleming say he never saw acute mastoid develop from chronic discharging ear.

Dr. Fleming: Dr. Rogers misunderstood me. "I said I never saw acute meningitis develop from otorrhoea."

Dr. Fleming: Have seen two cases in past eighteen months, one developed brain abscess and died. One operated in six hours afterward became comatose. Death followed. Other case woman, meningitis. Patient fell down in her kitchen, operated, died.

Dr. Hastings: Haynes method tried out but abandoned.

Crocket has lately been doing a decompression and spinal puncture.

Mackewen Smith says when spinal fluid shows streptococci in culture has never seen such cases get well.

Urotropin no good in alkaline medium.

Vaccines no good.

Crocket will do two or three spinal punctures a day keeping down the pressure and patient's resistance increases and he gets well.

Dr. Brown: Alexander of Vienna finds most of these meningitis are metastatic and never been able to find a path of invasion. If you have a meningitis complicating a mastoiditis, I think you should drain the mastoid in spite of the meningitis. In the early fulminating cases I would not think operation would help.

Dr. Montgomery reports a case streptococcic infection of spinal fluid with recovery.

Two cases: First, baby seven months old, earache of three days duration, distinct Kernig's sign. Clinical signs of meningitis and of an acute mastoid were present. Parents asked me to operate. Did so and found pus. Spinal puncture at close of operation showed fluid under pressure. Drs. Black and Betten examined fluid showed streptococci. Recovery followed.

Second case, boy, nine years of age. Swelling behind and over ears, discharge from ear. Temperature 103. Simple mastoidectomy by Dr. Swetnam; did well for three weeks when began to vomit and other symptoms of meningitis.

Discussion.

Dr. R. W. Miller: Have some cases which undoubtedly must be regarded as general infection. Recall one case, tonsil and adenoid operation developed later middle ear inflammation. Double mastoid showed pus both sides. Patient remained septic and died.

Second case. Young woman developed tonsillitis, adenitis, etc. Died of meningitis.

Dr. Ross Moore (in closing): My experience evidently did not arrive judging from scanty discussion. Reflexes differ widely between normal and pathological. Also in the early and late stages of meningitis.

Dr. Hill: I feel as Dr. Hastings does, when meningitis is present nothing more to do. Main thing is the diagnosis by examination of the spinal fluid.

In sixty-three cases examined in 1913 sixty died, three recovered, one of influenza.

Dr. Fleming: Would not care to go on record as thinking that all chronic running ears do not develop meningitis. What I meant was in my experience they have never developed a simple

meningitis. There have been abscess or sinus thrombosis developed.

Dr. Ide: Appreciate Dr. Moore's remarks about reflexes, etc. Decompression can be done without opening mastoid, can go through the squamous plate of temporal bone.

Dr. Miller: Dr. Moore shot over our heads. We feel very grateful to him. Will test reflexes more frequently and accurately also.

On motion of Dr. Miller, the section voted thanks to Drs. Ide, Moore and Hill.

The meeting adjourned.

C. G. STIVERS, M. D.,
Secretary.

SACRAMENTO COUNTY.

The regular monthly meeting of the Sacramento Society for Medical Improvement was held at the Hotel Sacramento, Tuesday evening, April 24. President Dr. C. P. Jones in the chair.

The minutes of the previous regular meeting were read and approved.

The paper of the evening on "The Water Problem of Sacramento," was read by Dr. A. W. Sawyer, Secretary of the State Board of Health.

Discussion opened by Dr. Charles Gilman Hyde, of the University of California, followed by Mr. F. C. Miller, City Engineer of Sacramento, Dr. James H. Parkinson, Dr. T. W. Huntington of San Francisco, Dr. A. M. Henderson, and Dr. W. E. Briggs.

Discussion closed by Dr. Sawyer and Dr. Hyde. Dr. Albert F. Welin of Rio Vista, was elected to membership.

At the luncheon following the meeting, Dr. Thomas W. Huntington of San Francisco, delivered an address on the Officers' Reserve Corps, United States Army, as it applied to the medical profession.

W. A. BEATTIE, Secretary.

SAN JOAQUIN COUNTY.

The regular monthly meeting of the San Joaquin County Medical Society was held at the residence of Dr. J. T. Davison, Friday evening, April 27. Those present were: Drs. J. D. Dameron, B. J. Powell, R. B. Knight, H. F. Sanderson, Minerva Goodman, H. C. Petersen, Hudson Smythe, J. V. Craviotto, R. R. Hammond, I. S. Zeimer, W. F. Priestly, H. J. Bolinger, E. B. Todd, J. T. Davison, E. A. Arthur, C. F. English, C. R. Harry, N. E. Williamson, A. H. Heppner, and L. Dozier, with Dr. McCloskey of the State Hospital and Dr. Thos. W. Huntington of the Medical Board of the National Council of Defense as guests.

The reports of the delegates to the State convention being of minor importance, the floor was given to Dr. Huntington who gave an outline of the work of the Council of National Defense with his talk often interspersed with the doctor's natural eloquence and remarkable choice of diction.

Dr. Huntington had just returned from Washington as the Pacific Coast medical representative and was able to give an authoritative and illuminating talk on the situation as he found it at the national capitol. He told of the seriousness of the situation which the American nation had to face and appealed to the medical men to do their share in co-operating in the service which all must render to their country at this time.

Following the address of Dr. Huntington, a social hour was enjoyed.

DEWEY R. POWELL,
Secretary.

SANTA BARBARA COUNTY.

The Santa Barbara County Medical Society met April 9th at the Chamber of Commerce rooms, where they listened to an intensely interesting

paper on "The Value of Blood Pressure in Medicine," by Dr. Horace F. Pierce.

Applications for membership were received from three individuals, namely, Dr. C. A. Bell, Dr. J. C. Cummings, and Dr. F. H. Lay.

Very truly,

R. M. CLARKE, M. D., Secretary.

DEPARTMENT OF BACTERIOLOGY AND PATHOLOGY.

Edited by BENJAMIN JABLONS, M. D., San Francisco.

[This department has as its chief object the dissemination of the special knowledge that is being developed in the scientific laboratories of the world, and which are of practical interest to the medical practitioner. Abstracts of general articles will be published from time to time as well as preliminary reports of subjects that are of universal interest.]

JOURNAL OF MEDICAL RESEARCH. JANUARY, 1917.

Hall and Harvey conclude as a result of their extensive studies on forty-three patients suffering from pulmonary tuberculosis that the blood cultures fail to give positive findings even where secondary infection of the sputum is present. Out of fifty-two blood cultures but two were positive. Both were advanced cases, "open" and febrile. Despite the presence of secondary infection of the cavities it was possible to demonstrate but rarely a secondary bacteremia.

In addition they have found by a modification of the Koch-Kitasato method of isolating secondary micro-organisms of the sputum by repeated washings, that the most frequent invader present in association with pulmonary tuberculosis is the *Streptococcus Non-hemolyticus*.

Weston found that the Hydrogenion concentration of the spinal fluid varied little in the different psychoses and differed but little from the figures obtained by Hurwitz and Tranter in normal and syphilitic cases.

PROCEEDINGS OF THE SOCIETY FOR EXPERIMENTAL BIOLOGY AND MEDICINE. 1915-1916.

Uric Acid, Urea and Creatinine in the Blood of Early and Late Nephritis;—Myers, Fine and Lough have determined as a result of the study of the Nitrogen partitions of the blood and urine that changes in the permeability of the kidney is followed by definite changes in the non-protein nitrogen group.

As the permeability of the kidney is lowered it becomes evident in the blood, first by an increase in the uric acid, second by an increase in the Urea and lastly by that of Creatinine. The early cases of interstitial nephritis give blood pictures that differ little from those of gout with regard to their high uric acid findings. The Urea varies, however, from slightly above to more than double the normal amount. When the latter condition is present the differential diagnosis between Gout and Interstitial Nephritis is rendered less difficult.

With increasing severity of the kidney condition the urea retention correspondingly increases. If improvement takes place the blood urea concentration gradually falls, although the uric acid percentage may remain high.

If the case goes on to a fatal termination the retention of uric acid and urea is followed by that of creatinin, the concentration of which may reach twenty times the normal. The phenolphthalein output then becomes practically zero.

Foster has found a toxic substance from blood in cases of toxic uremia. This toxic substance can be recovered in 200 cc. of uremic blood and will cause the death of a guinea pig. Control analysis of bloods from a wide variety of conditions not associated with uremia failed to discover a similar substance.

A. A. Epstein maintains it is erroneous to draw conclusions from the sugar concentration of the